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Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/852,797	05/11/2001 RULE	435	1653	PZ003P2
<b>APPLICANTS</b> Steven M. Ruben, Olney, MD; Craig A. Rosen, Laytonsville, MD; Zhizhen Zeng, Lansdale, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/265,583 02/02/2001 and is a CIP of 09/152,060 09/11/1998 PAT 6,448,230 which is a CIP of PCT/US98/04858 03/12/1998 which claims benefit of 60/040,762 03/14/1997 and claims benefit of 60/040,710 03/14/1997 and claims benefit of 60/050,934 05/30/1997 and claims benefit of 60/048,100 05/30/1997 and claims benefit of 60/048,357 05/30/1997 and claims benefit of 60/048,189 05/30/1997 and claims benefit of 60/057,765 09/05/1997 and claims benefit of 60/048,970 06/06/1997 and claims benefit of 60/068,368 12/19/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/19/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 23  INDEPENDENT CLAIMS 4
<b>ADDRESS</b> 22195				
<b>TITLE</b> HUMAN SECRETED PROTEIN HTEEB42				
<b>FILING FEE RECEIVED</b> 2362	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )	